Form **4804-DCC** (January 2003)

## Department of the Treasury - Internal Revenue Service **Transmittal for Magnetic Media**

Internal use only	Reporting of Currency Transactions								
1. Type of files represented by transmittal   2. Transmitter control code (TCC) assigned by IRS to the transmitter organization   3. Type of documents being filed   4789-CTR   8852-CTRCN   TDF-90-22.49-SARC   Other   8362-CTRC   TDF-90-22.47-SAR   TDF-90-22.56-MSB SAR   4a. Name and address of Filer (Street, city, state, ZIP code)   4b. Employer Identification Number of Filer   4c. Transmitter control code of Filer   5a. Name and address of organization transmitting magnetic media   5b. Employer Identification Number of Transmitter   5c. Name and address of person to contact about magnetic media   6b. Title   6c. Telephone number (Include area code)   7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)   8a. Coverage period (Beginning date (IMMDDYYYY))   8b. Coverage period (Ending date (IMMDDYYYY))   9.   Reporting Medium   Recording Mode   Reel/Cartridge Number   Cartridge   Standard Label   18 Track   EBCDIC only   3 6 Track   Cartridge   Standard Label   3 1/2*   ASCII only   N / A   Single sided/Double Density   Double sided/Double Density	Internal use	Receipt date	Virus check per	rformed	DCN Range beginning number DCN Ra		DCN Range	ending number	
Production   Test   Replacement   transmitter organization	only		Yes	No					
3. Type of documents being filed    4789-CTR	Type of files represented by transmittal								
4789-CTR	☐ Production ☐ Test ☐ Replacement transmitter organization								
3862-CTRC			<u></u>						
4a. Name and address of Filer (Street, city, state, ZIP code)  4b. Employer Identification Number of Filer  4c. Transmitter control code of Filer  5a. Name and address of organization transmitting magnetic media (Street, city, state, ZIP code)  5b. Employer Identification Number of Transmitter  6c. Transmitter  6b. Title  6c. Telephone number (Include area code)  7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Single sided/Double Density Double sided/Double Density Double sided/Double Density									
4c. Transmitter control code of Filer  5a. Name and address of organization transmitting magnetic media (Street, city, state, ZIP code)  5b. Employer Identification Number of Transmitter  6b. Title  6c. Telephone number (Include area code)  7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Double Sided/Double Density Doub	☐ 8362-CTRC ☐ TDF-90-22.47-SAR ☐ TDF-90-22.56-MSB SAR								
5a. Name and address of organization transmitting magnetic media (Street, city, state, ZIP code)  6. Name and address of person to contact about magnetic media files (Street, city, state, ZIP code)  6. Title  6. Title  6. Telephone number (Include area code)  7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Double sided/Double Density Double sided/Double Density Double sided/Double Density	4a. Name and add	ress of Filer (Street, cit	ty, state, ZIP co	de)		4b. Employe	b. Employer Identification Number of Filer		
(Street, city, state, ZIP code)  Transmitter  6. Name and address of person to contact about magnetic media files (Street, city, state, ZIP code)  6. Name and address of person to contact about magnetic media files (Street, city, state, ZIP code)  7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Single sided/Double Density Double sided/Double Densi			4c. Transmitter control code of Filer						
(Street, city, state, ZIP code)  6c. Telephone number (Include area code)  7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Single sided/Double Density Double Sided/Double Density Do									
(Street, city, state, ZIP code)  6c. Telephone number (Include area code)  7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Single sided/Double Density Double Sided/Double Density Do	C Name and addre	an of norman to contac	et about magnat	ia madia fi	loo	Ob. Title			
7. Name and address of person to whom magnetic media files are to be returned (If different for block 6a) (Street, city, state, ZIP code)  8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only 36 Track  Diskette Single sided/Single Density Single sided/Double Density Double sided/Double D		ies	ob. Title						
8a. Coverage period (Beginning date (MMDDYYYY))  9. Reporting Medium  Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label 18 Track EBCDIC only  36 Track ASCII only  N / A  Single sided/Single Density Double sided/Double Density Double sided/Double Density Double sided/Double Density						6c. Telephone number (Include area code)			
9. Reporting Medium    Medium   Miscellaneous Information   Recording Mode   Reel/Cartridge Number     Cartridge   Standard Label   18 Track   EBCDIC only     36 Track   ASCII only   N / A     Diskette   Single sided/Single Density   3 1/2"   ASCII only   ASCII only     Single sided/Double Density   Double sided/Double Density   Double sided/Double Density   ASCII only   ASCII on	7. Name and addre	ess of person to whom	magnetic media	a files are	to be returned (If differe	nt for block 6	Sa) (Street, city	, state, ZIP code)	
9. Reporting Medium    Medium   Miscellaneous Information   Recording Mode   Reel/Cartridge Number     Cartridge   Standard Label   18 Track   EBCDIC only     36 Track   ASCII only   N / A     Diskette   Single sided/Single Density   3 1/2"   ASCII only   ASCII only     Single sided/Double Density   Double sided/Double Density   Double sided/Double Density   ASCII only   ASCII on									
Medium Miscellaneous Information Recording Mode Reel/Cartridge Number  Cartridge Standard Label	8a. Coverage period (Beginning date (MMDDYYYY))				8b. Coverage period (Ending date (MMDDYYYY))				
☐ Cartridge       Standard Label       ☐ 18 Track       EBCDIC only         ☐ Diskette       Single sided/Single Density       ☐ 3 1/2"       ASCII only       N / A         If more than one Filer is being reported, please use form 4802-DCC.	9. Reporting Medium								
☐ 36 Track ☐ Diskette Single sided/Single Density Single sided/Double Density Double sided/Double Density  If more than one Filer is being reported, please use form 4802-DCC.	Medium	Miscellaneous Info	ormation		Recording Mode	R	Reel/Cartridge Number		
Single sided/Double Density Double sided/Double Density  If more than one Filer is being reported, please use form 4802-DCC.	☐ Cartridge	Standard Label			EBCDIC only				
Double sided/Double Density  If more than one Filer is being reported, please use form 4802-DCC.	Diskette	Single sided/Single D	Density 3	3 1/2"	ASCII only	N/A			
If more than one Filer is being reported, please use form 4802-DCC.		Single sided/Double	Density						
		Double sided/Double	Density						
10a. Number of documents for Filer (Item 4).  10b. Total number of documents transmitted.	If more than one F	Filer is being reported	d, please use fo	orm 4802-	DCC.				
	10a. Number of do	cuments for Filer (Item	10b. Total number of documents transmitted.						
Affidavit				Affi	davit				
The authorized agent of the Filer may sign if all conditions are met as stated in the, Magnetic Media Reporting Instructions.	The authorized age	ent of the Filer may sig	n if all condition	s are met	as stated in the, Magne	tic Media Re	porting Instruc	tions.	
Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In the case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the receipts. I declare that this filing represents all Documents filed during this reporting period except for those transactions reported on paper.	belief it is correct and attempting to secure	complete. In the case of such numbers from the re	documents without	ut recipient's	s identifying numbers, I ha	ve complied w	ith the requireme	ents of the law in	
Signature Title Date	Signature			Tit	le			Date	